

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		2					54					
5		0					55					
6		0					56					
7		0					57					
8		0					58					
9		0					59					
10		0					60					
11		0					61					
12		0					62					
13		0					63					
14		1					64					
15	1						65					
16			1				66					
17				1			67					
18				1			68					
19				1			69					
20				1			70					
21				1			71					
22				1			72					
23				1			73					
24				1			74					
25				1			75					
26				1			76					
27				1			77					
28				1			78					
29				1			79					
30			1				80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		2					TOTAL IND.					
TOTAL DEP.		13					TOTAL DEP.					
TOTAL CLAIMS		15					TOTAL CLAIMS					